MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8362
Do not use this space.

1. PLACE OF DEATH
(a) County Stoddard — Registration District No. 840
(b) Township Duck Creek — Primary Registration District No. 6102 — Registered No. 3
(c) City ~~Dudley~~ (d) Street No. ____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (f) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. PRINT FULL NAME George W. Cline
(a) Residence, No. Rural St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Elizabeth Scott Cline

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 26, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
~~78~~x	78	3	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: farmer
9. Industry or business in which work was done, as saw mill, bank, etc.: farm
10. Date deceased last worked at this occupation (month and year): ____
11. Total time (years) spent in this occupation: 60 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clark County Illinois

FATHER
13. NAME: William Cline
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER
15. MAIDEN NAME: Sarah Hanley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): Scott Cline, Fisk, Missouri

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Dexter, Mo. — DATE: Feb. 11 19 40

19. FUNERAL DIRECTOR (ADDRESS): Marshall Shain, Fisk, Missouri

20. FILED 2-11 1940 DeMoss Bryant, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 8 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2nd 1940, to Feb. 8 1940
I last saw h-me alive on Feb. 8 1940 Death is said to have occurred on the date stated above, at 6:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	

Other contributory causes of importance:
Hypertension & Arter. Sclerosis

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ____
(Signed) S. S. Shane, M. D.
(Address) Dexter Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 2. 50M-7-20-37 1 X12004

RECEIVED
District Health Officer No
District File Number 340-7
Date Filed 3/13/14

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)